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good and bad mothers. The book’s liberal feminist perspectives are both thought-provoking and controversial, as they challenge prevailing policies and attitudes regarding the reproductive rights of good and bad women in a manner that will appeal to some readers and offend others.

_Debra Durham, University of Louisville_


In writing about women’s health and social change, Ellen Annandale spans several fields of study, including feminism, sociology, and epidemiology. This reviewer approached her work from a background in the epidemiology of women’s health, as related to alcohol consumption.

Beginning in the 17th century and focusing on Britain and United States, Annandale discusses the relation between women’s health and their position in society at the time from the perspective of women writers and feminists. The period from the 17th century through the early 20th century is characterized as a patriarchal society dominated by binary divisions—social/biological, mind/body, reason/emotion—in which men claimed the higher values of the social, mind, reason, and action, assigning to women the less valued attributes of biology, body, emotion, and passivity. This negative appraisal of women’s capabilities served to justify limiting their access to societal resources. Poor health association with such deprivation was attributed to their weaker constitutions, a view challenged by women writers of the day who attributed women’s illness to the oppression they suffered.

Although this binary view of men as employment-oriented producers and women as home-based consumers crumbled somewhat during World War II, it took on new life after the war ended, giving rise to a second, powerful wave of feminism in the 1960s and 1970s. In Chapters 2 through 4, Annandale reviews the various elements of this movement, its concerns with women’s health, and its relation to the emerging science of medical sociology. She identifies formulation of the
distinction between sex as a biological construct and gender as a social construct as a major breakthrough providing a foundation for sociological and feminist research on gender and health, and discusses two directions taken by this research. One emphasized social similarities between women and men, holding that women should receive treatment equal to men, and the other acknowledged biological differences, focusing on reproductive health and the importance of women gaining control over their own bodies.

Limitations of these approaches are examined in Chapter 5. Thus, focus on women’s reproductive health led to their routine exclusion from clinical trials to protect them in case they became pregnant. Medical research and practice focused on gender differences risked overlooking similarities. For example, coronary heart disease was perceived as a man’s disease, and less research and clinical attention was given to this condition in women. Now coronary heart disease kills more women than men. In Chapter 6, Annandale proposes an alternative conceptual framework for the analysis of women’s health, a new single system of patriarchal capitalism. In the new single system sex and gender take on multiple forms, and capitalism puts pressure on both males and females to produce and consume. As discussed in Chapter 7, women in the 1960s and 1970s lived substantially longer than men, but recently the gender gap in longevity is decreasing. A third generation of feminism reflects concern that greater freedom also exposed women to greater risk, and changes in reproductive technologies are giving a whole new layer of complexity to the roles and health of women in the 21st century. Thus, as she puts it: “the old shackles have been replaced by slippery silken ties that nonetheless bind” (p. 146).

The strengths of the book are its broad scope, coupled with an encyclopedic, nuanced treatment of feminist writings and developments in sociology since the 17th century as they relate to women’s health. While Annandale provides an informative history and an interesting perspective on the women’s health and social change, her book was not an easy read, particularly for one not steeped in the history and language of feminism and sociological theory. Editing to translate highly theoretical passages into more readily comprehensible explanations of
the ideas involved and reduce unnecessary repetition would improve the book’s readability and increase its accessibility.

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Homelessness in America is a particularly complex problem, vulnerable to changing political realities, demographic shifts, and seismic cultural events such as the ongoing wars in Iraq and Afghanistan. Researchers and policy advocates have debated nearly every facet of the phenomenon, from the number of homeless to the causal factors to solutions for homelessness. McNamara’s three-volume edited overview nicely captures the depth and the breadth of the issue. Given the luxury of three volumes, it manages to be both comprehensive and yet in-depth on most topics, whereas most other overviews of homelessness tend to leave the reader frustrated with the relatively surface-level discussions.

The structure of the three volumes is quite fascinating: Volume One is titled “Faces of Homelessness” and deals with the diversity of homelessness (chapters include rural homelessness, homeless veterans, homeless women, and the elderly homeless). Volume Two is titled “Causes of Homelessness” and tackles both the micro (HIV/AIDS, substance abuse, mental illness) and the macro causes (housing policy, Hurricane Katrina). Finally, Volume Three is titled “Solutions to Homelessness” and thoroughly covers not only potential solutions, but also discusses the evolution of the homeless population and discusses future trends.

The strength of these volumes is certainly their comprehensiveness. All the major issues related to homelessness are covered in great depth and with skillful analysis. Particularly strong are the chapters on lesser-studied facets of homelessness, such as Jaimie Page’s discussion of youth who age out of foster care and Hodas and Myers’ examination of rural